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### FACSIMILE

FROM: Lisa Machado  
SENDER'S PHONE: 215.665.5559  
# OF PAGES (INCLUDING COVER): 05  
DATE: 23 AUGUST 2006  
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SENDER'S FAX: 215.701.2107  
FILE NAME: KLBS0008-100  
FILE #: 181258

RECIPIENT(S)	PHONE	FAX
Office Of Initial Patent Examination's Filing Receipt Corrections U.S. Patent and Trademark Office	571-273-4000	571-273-8200

MESSAGE: Please see the attached Request for Corrected Filing Receipt for National Phase Application  
Serial No. 10/560,955, Filed: May 22, 2006.

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KLBS0008-100

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Anthony Wills

Serial No.: 10/560,955

Filed: May 22, 2006

For: MEDICAL DEVICES

Group No.: To Be Determined

Examiner: To Be Determined

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REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data:

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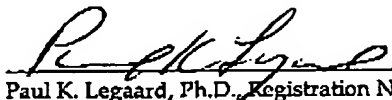
1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Reference
7. ☐ Domestic Priority
8. ☒ Other: Identification of Independent Claims

- 1.
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3. No fee is due.

Paul K. Legaard, Ph.D.  
Cozen O'Connor, P.C.  
1900 Market Street  
Philadelphia, PA 19103  
(215) 665-2000

Respectfully submitted,

  
Paul K. Legaard, Ph.D., Registration No. 38,534

## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8200) on the date shown below.

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/560,955	05/22/2006	2829	515	KLBS0008-100	3	8	1

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Anthony Wills, London, UNITED KINGDOM;

**Power of Attorney:** The patent practitioners associated with Customer Number 35151.**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/GB04/02634 06/18/2004

**Foreign Applications**

UNITED KINGDOM 0314247.8 06/19/2003

UNITED KINGDOM 0314920.0 06/26/2003

UNITED KINGDOM 0321911.0 09/19/2003

If Required, Foreign Filing License Granted: 07/18/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/560,955**

**Projected Publication Date:** 10/26/2006**Non-Publication Request:** No**Early Publication Request:** No**\*\* SMALL ENTITY \*\***

Title

Medical devices

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Preliminary Class

116

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